

**EMS COUNTY GRANT APPLICATION****FLORIDA DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services****Complete all items**ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) C**1. County Name:** LeonBusiness Address: 301 S. Monroe St.Tallahassee, FL 32301Telephone: (850) 488-9962Federal Tax ID Number (Nine Digit Number). VF 5 9 6 0 0 0 0 7 0 8**2. Certification:** (The applicant signatory who has authority to sign contracts, grants, and other legal documents for the county) I certify that all information and data in this EMS county grant application and its attachments are true and correct. My signature acknowledges and assures that the County shall comply fully with the conditions outlined in the Florida EMS County Grant Application.

Signature:

Date: 11/18/03

Printed Name:

Position Title: Chair, Leon County Board of County Commissioners**3. Contact Person:** (The individual with direct knowledge of the project on a day-to-day basis and has responsibility for the implementation of the grant activities. This person is authorized to sign project reports and may request project changes. The signer and the contact person may be the same.)Name: Don LanhamPosition Title: Grants Program CoordinatorAddress: 918 Railroad AvenueTallahassee, FL 32310Telephone: (850) 488-9970Fax Number: (850) 922-4749E-mail Address: Lanhamd@mail.co.leon.fl.us**4. Resolution:** Attach a current resolution from the Board of County Commissioners certifying the grant funds will improve and expand the county pre-hospital EMS system and will not be used to supplant current levels of county expenditures.**5. Budget:** Complete a budget page(s) for each organization to which you shall provide funds. List the organization(s) below. (Use additional pages if necessary)Funds will be used by Leon County to upgrade Computer Assisted Dispatch (CAD)  
system for ambulance services.

**BUDGET PAGE****A. Salaries and Benefits:**

For each position title, provide the amount of salary per hour, FICA per hour, other fringe benefits, and the total number of hours.	Amount
N/A	
TOTAL Salaries	
TOTAL FICA	
Grand total Salaries and FICA	

**B. Expenses:** These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature excluding expenditures classified as operating capital outlay (see next category).

List the item and, if applicable, the quantity	Amount
N/A	
TOTAL	\$

**C. Vehicles, equipment, and other operating capital outlay** means equipment, fixtures, and other tangible personal property of a non consumable and non expendable nature with a normal expected life of one (1) year or more.

List the item and, if applicable, the quantity	Amount
Rescuenet computer assisted dispatch software	117,420
\$98,880 2003/2004 grant	
24,540 rollover from the 2002/2003 grant	
TOTAL	\$ 117,420
Grand Total	\$ <u>117,420</u>

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(a), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion of pre-hospital EMS.

**DOH Remit Payment To:**

Name of Agency: Leon County

Mailing Address: 301 South Monroe Street

Tallahassee, Florida 32301

Federal Identification number 69-6000708

Authorized Official: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Type Name and Title

*Sign and return this page with your application to:*

*Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738*

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \$ \_\_\_\_\_ Grant ID: Code: \_\_\_\_\_

Approved By : \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

Organization Code  
64-25-60-00-000

E.O.  
N\_

OCA  
N2000

Object Code  
7 \_\_\_\_\_

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: October 1, \_\_\_\_\_ Grant Ending Date: September 30, \_\_\_\_\_